

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/10/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155768</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/08/2011</b>	
NAME OF PROVIDER OR SUPPLIER  <b>EVANSVILLE PROTESTANT HOME INC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>3701 WASHINGTON AVENUE</b> <b>EVANSVILLE, IN 47714</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<b>INITIAL COMMENTS</b>  This visit was for the Investigation of Complaint IN00087025.  This visit was in conjunction with a Post Survey Revisit to the Recertification and State Licensure Survey, completed on 1/14/11.  Complaint IN00087025- Substantiated with no federal/state deficiencies related to the allegations.  Survey Dates: March 7 & March 8, 2011  Facility Number: 001125 Provider Number: 155768 AIM Number: N/A  Survey Team: Diane Hancock, RN,TC Sue Webster, RN Jodi Meyer, RN  Census Bed Type: SNF= 42 NCC [Non Certified Comprehensive]=13 Residential=66 Total= 121  Census Payor Type: Medicare=15 Other= 106 Total=121  Sample: SNF        9 NCC        1 Residential Sample: 5			F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	<p>Continued From page 1</p> <p>Evansville Protestant Home, Inc. was found to be in compliance with 42 CFR part 483, subpart B and 410 IAC 16.2 in regard to the investigation of complaint number IN00087025.</p> <p>Quality review completed on March 9, 2011 by Bev Faulkner, RN</p>			F 000			